



3FW

Practitioner's Docket No. 3155/119

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Liew et al.

Application No.: 10/665,725

Group No.: 3737

Filed: September 16, 2003

Examiner: Ramirez, J.

For: Novel Imaging Markers in Musculoskeletal Disease

Mail Stop Amendment

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

RESPONSE TRANSMITTAL

1. Transmitted herewith is a response for this application.

STATUS

2. Applicant is a small entity. A statement was previously asserted.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)(1)-(4)) for one month:

Fee: \$60.00

CERTIFICATION UNDER 37 C.F.R. §§ 1.8(a) and 1.10\*

(When using Express Mail, the Express Mail label number is mandatory;  
Express Mail certification is optional.)

I hereby certify that, on the date shown below, this correspondence is being:

MAILING

■ deposited with the United States Postal Service in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

37 C.F.R. § 1.8(a)

■ with sufficient postage as first class mail.

37 C.F.R. § 1.10\*

□ as "Express Mail Post Office to Addressee"

Mailing Label No. \_\_\_\_\_ (mandatory)

TRANSMISSION

□ facsimile transmitted to the Patent and Trademark Office, (571) 273 - 8300.

Date: August 1, 2007

Signature

Jonathan C. Lovely

(type or print name of person certifying)

\* Only the date of filing (§ 1.6) will be the date used in a patent term adjustment calculation, although the date on any certificate of mailing or transmission under § 1.8 continues to be taken into account in determining timeliness. See § 1.703(f). Consider "Express Mail Post Office to Addressee" (§ 1.10) or facsimile transmission (§ 1.6(d)) for the reply to be accorded the earliest possible filing date for patent term adjustment calculations.

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### FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

|   | (Col. 1)                                  | (Col. 2)                              | (Col. 3)         | SMALL ENTITY        |               |  |      |
|---|---|---------------------------------------|------------------|---------------------|---------------|--|------|
|   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | HIGHEST NO.<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | RATE                | ADDIT.<br>FEE |  |      |
| TOTAL                                     | 136                                       | — 136                                 | = 0              | x \$ 25.00          | = \$          |  | 0.00 |
| INDEP.                                    | 6   | — 30                                  | = 0              | x \$ 100.00         | = \$          |  | 0.00 |
| FIRST PRESENTATION OF MULTIPLE DEP. CLAIM |   |                                       |                  | + \$ 0.00           | = \$          |  | 0.00 |
|   |   |                                       |                  | TOTAL<br>ADDIT. FEE | \$            |  | 0.00 |

No additional fee for claims is required.

### FEE PAYMENT

5. Attached is a check in the sum of \$60.00.

Charge any additional fees required by this paper or credit any overpayment to Account No. 19-4972.

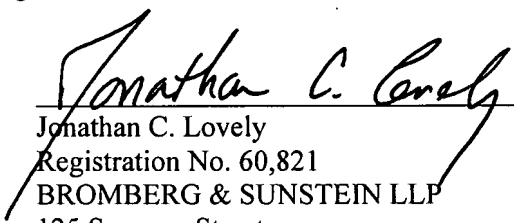
A duplicate of this paper is attached.

### FEE DEFICIENCY

6. If an additional extension and/or fee is required, charge Account No. 19-4972.

If a fee for claims is required, charge Account No. 19-4972.

Date: August 1, 2007

  
Jonathan C. Lovely  
Registration No. 60,821  
BROMBERG & SUNSTEIN LLP  
125 Summer Street  
Boston, MA 02110-1618  
617-443-9292  
Customer No. 002101

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